

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	08/846,421
	Filing Date	4/30/1997
	Patent/Registration No.	5993928
	Grant Date	11/30/1999
	Inventor/Owner	Popat
	Attorney Docket No.	A019-P08256US

To: Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number: 33356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4): The practitioner is discharged by the client.
 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)
 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)
 10.40(c)(4) 10.40(c)(5) 10.40(c)(6)

CertificationsCheck each box below that is *factually correct*. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence and address and direct all future correspondence to:
 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm/Individual Name	Douglas N. Larson		
Address	24772 Saddle Peak Road		
City	Malibu	State	CA
Country	US		
Telephone	310-317-4466	Email	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Steven C. Sereboff/		
Name	Steven C. Sereboff	Registration No.	37035
Date	January 28, 2009	Telephone No.	805-230-1350

NOTE: Withdrawal is effective when approved rather than when received. Unless there are 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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